## **UNITED STATES**

		NT APPLICATIO		ATTORNEY'S DOCKET NO.					
DECLARAT	ION AND POWER O	F ATTORNEY -	ORIGINAL AP	PLICATION	206,5	07			
TITLE OF INVENTION	As a below named In My residence, post of I verily believe I am the Inventors are named  (1) A COLORLES	ffice address and ne original, first ar below) of the inve	citizenship are as nd sole Inventor ( ention entitled:	If only one na	r next to my name: med is listed below)	or a joint Invento	or (if plural		
	The specification of	which					•		
(2) CHECK	x is attached here	•							
APPROPRIATE BOX	was filed on		As A	pplication No.	·				
БОХ	and was amer	nded on			(if applicable)				
(3) (3) CHECK APPROPRIATE	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a): the invention has not been patented or made the subject of a inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.   X no such applications have been filed, or								
вох	such application	is flave been med	as ioliows						
	EARLI	EST FOREIGN APP	LICATION(S), IF AN	, FILED WITHI	N 12 MONTHS PRIOR	TO THIS APPLICAT	ION		
(4) COMPLETE DATA INDICATED	Country	Application Number	Date of Filir (day, month, y	9	Date of Issue (day, month, year)	Priority Under 35	Claimed		
IF APPLICABLE	(4)					Yes	No		
						Yes	No		
		TODELON ADDITION	IONION IE ANNY EILE	D MODE THAN	12 MONTHS PRIOR T	O THIS APPLICATI			
	(4)	-OREIGN APPLICATI	TON(S), IF ANT, TILL	D WOLL THAT	12 1110111101111011				
	I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing dat of the prior application and the national or PCT international filing date of this application.								
(5) COMPLETE	(5)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**************************************	(0)	d, pending, abandoned)				
	(Application Ser. No.) (Filing date)								
DATA INDICATED	(Application 8	er. No.) (F	iling date)	(Status: patente	a, penaing, abandonos,				

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS REQUIRED FOR EACH INVENTOR

		Tarr					
FULL NAME OF SOLE OR FIRST INVENTOR CID-AGUILAR, José Guadalupe	INVENTOR'S SIGNATURE	P April 04					
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RESIDENCE	CITIZENSHIP						
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POST OFFICE ADDRESS							
		Tair					
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE					
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RESIDENCE	CITIZENSHIP	I					
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FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE					
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FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE					
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